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Date of Transmission: June 20, 2003

Name of Person Making Transmission: Teri McDonald

Signature: *Teri McDonald*

DOCUMENT(S) FAXED:

PAGES ATTACHED: 28

Re Applic of	International Business Machines Corporation
Docket No.	FIS920000396US1
Serial No.	09/809,663
Filing Date	03/15/01
Attorney	Margaret A. Pepper

FAX RECEIVED

Attached: Amendment
Transmittal Form

2823

JUN 20 2003

TECHNOLOGY CENTER 2800

PLEASE DELIVER TO:

EXAMINER: Fernando L. Toledo

ART UNIT:

PHONE NO: 703-308-9723

FAX NO: 703-872-9318

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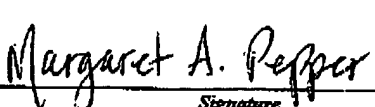

INTERNATIONAL BUSINESS MACHINES
CORPORATION

Intellectual Property Law
East Fishkill Facility
2070 Route 52
Hopewell Junction
New York 12533-6531

Fax: 845-892-6363
Phone: 845-894-2580

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No.	
Applicant(s): INTERNATIONAL BUSINESS MACHINES CORPORATION				FIS920000396US1	
Serial No. 09/809,663	Filing Date 03/15/01	Examiner FERNANDO L. TOLEDO	Group Art Unit 2823		
Invention: METHOD FOR IMPROVED PLASMA NITRIDATION OF ULTRA THIN GATE DIELECTRICS					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	6	20	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1	3	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="text-align: right; font-weight: bold; font-size: 1.2em;">FAX RECEIVED</div> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">JUN 20 2003</div> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">TECHNOLOGY CENTER 2800</div> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">09-0458</div> <p> <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. _____ <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. </p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 40%;"> <p style="font-size: 1.5em; font-family: cursive;">Margaret A. Pepper</p> <p style="text-align: center; font-size: 0.8em;">Signature</p> <p>MARGARET A. PEPPER REGISTRATION NO.: 45,008</p> </div> <div style="width: 40%; text-align: right;"> <p>Dated: JUNE 20, 2003</p> </div> </div>					
<div style="border: 1px solid black; padding: 5px; margin-top: 20px;"> <p>I certify that this document and fee is being sent via facsimile on June 20, 2003 under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> <p style="text-align: center; font-size: 1.2em; font-family: cursive;">Teri McDonald</p> <p style="text-align: center; font-size: 0.8em;">Signature of Person Mailing Correspondence</p> <p style="text-align: center; font-weight: bold; font-size: 1.1em;">TERI MCDONALD</p> <p style="text-align: center; font-size: 0.8em;">Typed or Printed Name of Person Mailing Correspondence</p> </div>					

CC:

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<div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"><p>I certify that this document and fee is being sent via facsimile on June 20, 2003 under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> _____ Signature of Person Mailing Correspondence TERI MCDONALD _____ Typed or Printed Name of Person Mailing Correspondence</div>					
cc:					